

Psychological Impact of the Recent Shooting

The combination of life-threatening traumatic personal experiences, loss of loved ones, disruption of routines and expectations of daily life, and post-violence adversities pose psychological challenges to the recovery of children and families in the affected areas. The following issues may be helpful to consider:

Reactions to Danger

Danger refers to the sense that events or activities have the potential to cause harm. In the wake of the recent catastrophic violence, people and communities have greater appreciation for the enormous danger of violence and terrorism and the need for effective emergency management plans. There will be widespread *fears of recurrence* that are increased by misinformation and rumors. Danger always increases the need and desire to be close to others, making *separation* from family members and friends more difficult.

Posttraumatic Stress Reactions

Posttraumatic stress reactions are common, understandable, and expectable, but are nevertheless serious. The three categories are: 1) [Intrusive Reactions](#), meaning ways the traumatic experience comes back to mind. These include recurrent upsetting thoughts or images, strong emotional reactions to reminders of the attacks, and feelings that something terrible is going to happen again; 2) [Avoidance and Withdrawal Reactions](#), including avoiding people, places and things that are reminders of the attacks, withdrawal reactions, including feeling emotionally numb, detached or estranged from others, and losing interest in usual pleasurable activities; and 3) [Physical Arousal Reactions](#), including sleep difficulties, poor concentration, irritability, jumpiness, nervousness, and being “on the lookout for danger.”

Grief Reactions

Grief reactions are normal, vary from person to person, and can last for many years. There is no single “correct” course of grieving. Personal, family, religious, and cultural factors affect the course of grief. Over time, grief reactions tend to include more pleasant thoughts and activities, such as positive reminiscing or finding uplifting ways to memorialize or remember a loved one.

Traumatic Grief

People who have suffered the loss of a loved one under traumatic circumstances often find grieving even more difficult than it might otherwise be. Their minds stay on the circumstances of the death, including preoccupations with how the loss could have been prevented, what the last moments were like, and issues of accountability. Traumatic grief changes the course of mourning, putting individuals on a different time course than is usually expected.

Depression

Depression is associated with prolonged grief and strongly related to the accumulation of post-violent adversities. Symptoms can include depressed or irritable mood, change in sleep or appetite, decreased interest in life activities, fatigue, and feelings of hopelessness and worthlessness. Some youth and adults may experience suicidal thoughts.

Physical Symptoms

Survivors may experience physical symptoms, even in the absence of any underlying physical injury or illness. These symptoms include headaches, stomachaches, rapid heartbeat, tightness in the chest, change in appetite, and digestive problems. In particular, the smell of smoke can lead to panic reactions, especially in response to reminders. Panic often is expressed by cardiac, respiratory, and other physical symptoms. More general anxiety reactions are also to be expected.

Trauma and Loss Reminders

Trauma reminders: Many people will continue to encounter places, people, sights, sounds, smells, and inner feelings that remind them of the shooting. The sounds of gunfire, the smell of smoke, and people screaming have become powerful reminders. Adults and youth are often not aware that they are responding to a reminder, and the reason for their change in mood or behavior may go unrecognized. Media coverage can easily serve as unwelcome reminders. It is particularly difficult when loved ones/friends have been together during a traumatic experience, because afterward they can serve as trauma reminders to each other, leading to unrecognized disturbances in these important relationships, especially in a young person's life. *Loss reminders:* Those who have lost loved ones continue to encounter situations and circumstances that remind them of the absence of their loved one. These reminders can bring on feelings of sadness, emptiness in the survivor's life, and missing or longing for the loved one's presence.

Post-violent Stress and Adversities

Contending with ongoing stresses and adversities can significantly deplete coping and emotional resources and, in turn, interfere with recovery from posttraumatic stress, traumatic grief, and depressive reactions. For example, school aged children may exhibit confusion, somatic responses (e.g., headaches, stomachaches), unusually aggressive or restless behaviors, or concerns about safety. Medical treatment and ongoing physical rehabilitation can be a source of additional stress. New or additional traumatic experiences and losses are known to exacerbate distress and interfere with recovery. Likewise, distress associated with prior traumatic experiences or losses can be renewed by the experience of the shooting. Youth's recovery is put in jeopardy without properly addressing changes in their relationships, monitoring of their at-risk behaviors, and assisting with changes to future life goals. Some adversities require large-scale responses, while others can be addressed, in part, by personal and family problem solving.

Consequences of These Reactions

Intrusive images and reactivity to reminders can seriously interfere with school performance and avoidance of reminders can lead to restrictions on important activities, relationships, interests and plans for the future. Irritability and impaired decision-making can interfere with getting along with family members and friends. Trauma-related sleep disturbance is often overlooked, but can be persistent and affect daily functioning. Some may respond by being unusually aggressive or restless, needing to be around parents or caregivers more than usual, or voicing fears or concerns about their safety or the safety of their friends. Adolescents may become inconsistent in their behavior, start to withdraw and avoid social situations, become overly confrontational or aggressive, or engage in high risk behaviors (e.g., driving recklessly, using drugs and alcohol). Depressive reactions can become quite serious, leading to a major decline in school performance, social isolation, loss of interest in normal activities, self-medication, acting-out behavior, and, most seriously, attempts at suicide. Traumatic grief can lead to the inability to mourn, reminisce and remember, fear of a similar fate or the sudden loss of other loved ones, and to difficulties in establishing or maintaining new relationships. Adolescents may respond to traumatic losses by trying to become too self-sufficient and independent or by becoming more dependent and taking less initiative.

Coping after Catastrophic Violence

In addition to meeting people's basic needs, there are several ways to enhance people's coping. Physical: Stress can be reduced with proper nutrition, exercise and sleep. Youth and adults may need to be reminded that they should take care of themselves physically to be of help to loved ones, friends, and communities. Emotional: Youth and adults need to be reminded that their emotional reactions are expected, and will decrease over time. However, if their reactions are too extreme or do not diminish over time, there are professionals who can be of help. Social: Communication with, and support from, family members, friends, religious institutions and the community are very helpful in coping after catastrophic violence. People should be encouraged to communicate with others, and to seek and use this support where available.

Restoring a sense of safety and security, and providing opportunities for normal development within the social, family and community context are important steps to the recovery of children, adolescents, and families.